

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
FILED

DOCUMENT # J23681 (6)

1995 MAY 10 AM 10:35

COWAN DRAFTING AND BLUEPRINT SERVICE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Location: 3990 S. ACCESS ROAD
SUITE B
ENGLEWOOD FL 34224
US

Mailing Address: 3990 S. ACCESS ROAD
SUITE B
ENGLEWOOD FL 34224
US

DO NOT WRITE IN THIS SPACE

2. Date of Incorporation (or Qualification)	3a. Date of Last Report
07/11/1986	05/01/1994
4. FEI Number	Applied For
59-2698318	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This Corporation has liability for intangible tax under the 1994 Florida Statutes	Yes ☐ No ☒

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIDS, H. VERNON 165 W GREEN ST. ENGLEWOOD FL 34223	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(2), Florida Statutes.

Signature: [Signature] Date: [Date] Title: [Title]

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																					
<table border="1"> <tr> <td>NAME</td> <td>P</td> <td>COWAN, JOHN A.</td> <td>12023 RAMONA AVE</td> <td>PORT CHARLOTTE FL</td> </tr> <tr> <td>NAME</td> <td>V</td> <td>COWAN, MARY ANN.</td> <td>12023 RAMONA AVE</td> <td>PORT CHARLOTTE FL</td> </tr> <tr> <td>NAME</td> <td>J</td> <td>COWAN, JOHN A.</td> <td>12023 RAMONA AVE</td> <td>PORT CHARLOTTE FL</td> </tr> <tr> <td>NAME</td> <td>S</td> <td>COWAN, MARY ANN</td> <td>12023 RAMONA AVE</td> <td>PORT CHARLOTTE FL</td> </tr> </table>	NAME	P	COWAN, JOHN A.	12023 RAMONA AVE	PORT CHARLOTTE FL	NAME	V	COWAN, MARY ANN.	12023 RAMONA AVE	PORT CHARLOTTE FL	NAME	J	COWAN, JOHN A.	12023 RAMONA AVE	PORT CHARLOTTE FL	NAME	S	COWAN, MARY ANN	12023 RAMONA AVE	PORT CHARLOTTE FL	<table border="1"> <tr> <td>NAME</td> <td>1. NAME</td> <td>2. NAME</td> <td>3. NAME</td> <td>4. NAME</td> <td>5. NAME</td> <td>6. NAME</td> <td>7. NAME</td> <td>8. NAME</td> <td>9. NAME</td> <td>10. NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1. STREET ADDRESS</td> <td>2. STREET ADDRESS</td> <td>3. STREET ADDRESS</td> <td>4. STREET ADDRESS</td> <td>5. STREET ADDRESS</td> <td>6. STREET ADDRESS</td> <td>7. STREET ADDRESS</td> <td>8. STREET ADDRESS</td> <td>9. STREET ADDRESS</td> <td>10. STREET ADDRESS</td> </tr> <tr> <td>CITY, STATE, ZIP</td> <td>1. CITY, STATE, ZIP</td> <td>2. CITY, STATE, ZIP</td> <td>3. CITY, STATE, ZIP</td> <td>4. CITY, STATE, ZIP</td> <td>5. CITY, STATE, ZIP</td> <td>6. CITY, STATE, ZIP</td> <td>7. CITY, STATE, ZIP</td> <td>8. CITY, STATE, ZIP</td> <td>9. CITY, STATE, ZIP</td> <td>10. CITY, STATE, ZIP</td> </tr> </table>	NAME	1. NAME	2. NAME	3. NAME	4. NAME	5. NAME	6. NAME	7. NAME	8. NAME	9. NAME	10. NAME	STREET ADDRESS	1. STREET ADDRESS	2. STREET ADDRESS	3. STREET ADDRESS	4. STREET ADDRESS	5. STREET ADDRESS	6. STREET ADDRESS	7. STREET ADDRESS	8. STREET ADDRESS	9. STREET ADDRESS	10. STREET ADDRESS	CITY, STATE, ZIP	1. CITY, STATE, ZIP	2. CITY, STATE, ZIP	3. CITY, STATE, ZIP	4. CITY, STATE, ZIP	5. CITY, STATE, ZIP	6. CITY, STATE, ZIP	7. CITY, STATE, ZIP	8. CITY, STATE, ZIP	9. CITY, STATE, ZIP	10. CITY, STATE, ZIP
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.05(2), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my name were that of an officer or director of the corporation or the registered agent or registered agent in charge of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form or in an attachment with an addendum.

SIGNATURE: Mary Ann Cowan - Mary Ann Cowan
5-5-95 813-474-6800